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JEFFERS & IRELAND

PROFESSIONAL CORPORATION

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April 6, 2005

VIA FEDERAL EXPRESS

Hon. Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P. O. Box 340308
Hartford, CT 06134-0308

Re: South Building – Ground Floor Renovations

Dear Commissioner Vogel:

The Stamford Health System, Inc. ("SHS") hereby submits an original and five (5) copies of its Letter of Intent to renovate the ground floor of the South Building at Stamford Hospital.

As previously discussed, this project breaks out for separate approval some of the initial phases of the Hospital's Five-Year Master Facility Plan ("MFP") submitted under Docket No.: 04-30377-CON. Please call should you have any questions.

Respectfully submitted,



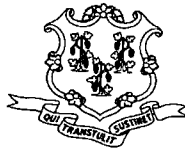
Stephen M. Cowherd

SMC:sc
Enclosure

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS



State of Connecticut **Office of Health Care Access** **Letter of Intent/Waiver Form** **Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

| | Applicant One | Applicant Two |
|--|--|--|
| Full legal name | Stamford Health System, Inc. | |
| Doing Business As | Stamford Health System, Inc. | |
| Name of Parent Corporation | Not applicable | |
| Mailing Address, if Post Office Box, include a street mailing address for Certified Mail | Shelburne Road at West Broad Street Stamford, CT 06904 | |
| Applicant type (e.g., profit/non-profit) | Non-profit | |
| Contact person, including title or position | David L. Smith, Senior Vice President, Strategy and Market Development | Stephen M. Cowherd, Attorney for Stamford Health System, Inc. |
| Contact person's street mailing address | Shelburne Rd. at West Broad Street, Stamford, CT 06904 | Jeffers & Ireland, PC 55 Walls Drive Fairfield CT, 06824 |
| Contact person's phone #, fax # and e-mail address | T (203) 325-7510 F (203) 325-5529 dsmith@stamhealth.org | T (203) 259-7900 F (203) 259-1070 scowherd@jeffire.com |

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

South Building – Ground Floor Renovations

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

The Stamford Hospital, Shelburne Road at West Broad Street, Stamford, CT 06902

d. List all the municipalities this project is intended to serve:

Stamford, Darien, New Canaan, Cos Cob, Greenwich, Old Greenwich, Riverside, Norwalk, Westport, Wilton, Southport, Bridgeport, Fairfield, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY, Katonah, NY, Mt Kisco, NY, Port Chester, NY, Pound Ridge, NY, Rye, NY and South Salem, NY

e. Estimated starting date for the project:

June 4, 2005

- f. Type of project: 27,31 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

| Type | Existing Staffed | Existing Licensed | Proposed Increase (Decrease) | Proposed Total Licensed |
|------|------------------|-------------------|------------------------------|-------------------------|
| | | | | |
| | | | | |

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 5,900,000
- b. Please provide the following breakdown as appropriate:

| | |
|---------------------------------------|---------------------|
| Construction/Renovations | \$ 5,000,000 |
| Medical Equipment (Purchase) | 580,000 |
| Imaging Equipment (Purchase) | |
| Non-Medical Equipment (Purchase) | 320,000 |
| Sales Tax | |
| Delivery & Installation | |
| Total Capital Expenditure | \$ 5,900,000 |
| Fair Market Value of Leased Equipment | |
| Total Capital Cost | \$ 5,900,000 |

Major Medical and/or Imaging equipment acquisition:

| Equipment Type | Name | Model | Number of Units | Cost per unit |
|----------------|------|-------|-----------------|---------------|
| | | | | |
| | | | | |

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

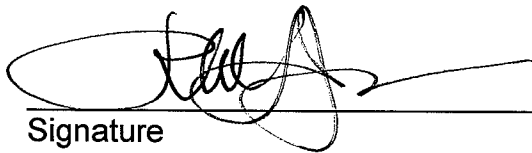
Applicant: The Stamford Health System, Inc.

Project Title: South Building – Ground Floor Renovations

I, Richard L. Jones, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Stamford Health System, Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that The Stamford Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

4-5-2005
Date

Subscribed and sworn to before me on April 5, 2005


Notary Public/Commissioner of Superior Court

My commission expires: DANA B. DULEMBA
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2008

PROJECT DESCRIPTION

This project involves a series of related space renovations and relocations of clinical and non-clinical departments on the main campus of The Stamford Hospital ("TSH" or the "Hospital"). Although each of these activities is described in the Certificate of Need ("CON") Application that Stamford Health System, Inc. ("SHS") has previously submitted in connection with its Five-Year Master Facility Plan (the "Five Year MFP") under Docket No. 04-30377-CON, SHS is seeking CON approval for these initial renovations and relocations on a more expedited basis in order to improve patient access and enhance patient care to several key services as soon as possible.

The focus of the project work will be on the Ground Floor of the TSH South Building. Originally constructed in 1926, this area comprises the oldest part of TSH's physical plant and is severely outmoded in terms of its ability to accommodate the space and equipment needs of a modern acute care hospital. In addition, the clinical services located in this area, which are utilized by both inpatients and outpatients, are not easily accessed from public entrances and other points within the Hospital.

The project will be broken out into three phases. The first phase will involve the relocation of the pulmonary function testing and respiratory therapy service areas as well as TSH's Neurology Department, which provides electroencephalogram ("EEG") and electromyography ("EMG") testing. These service areas will be moved from the Ground Floor of the South Building to the Ground Floor of the adjacent Whittingham Pavilion. Volume growth in each of these services has been significant in recent years and the relocation plan will allow TSH to accommodate their future growth. In their new location, the departments expand from 4,050 departmental gross square feet ("DGSF") to approximately 7,000 DGSF, rectifying existing deficiencies and providing the space needed to meet programmatic needs. Additionally, access for patients with respiratory issues and other compromised health conditions will be vastly improved as the new location is in close proximity to the elevator bank serving the Whittingham Pavilion's main entrance.

The next phase of the project involves relocating TSH's Plant Engineering offices. Also located on the Ground Floor of the South Building, Plant Engineering currently occupies valuable space adjacent to the Diagnostic Imaging Department. These offices will relocate to and expand into the space vacated by pulmonary function testing, respiratory therapy and neurology so that more space is available for enhanced diagnostic imaging services and the relocated Gastroenterology Lab ("GI Lab") described directly below. Among other things, the new Plant Engineering location will simplify raw materials receiving and shipping out of finished goods due to the availability of exterior access. It will also provide the space necessary to co-locate Clinical Engineering with Plant Engineering personnel.

The third and final phase of the project involves the relocation of the existing two-room GI Lab Suite, which is also located on the Ground Floor of the South Building, as a single room suite to the area vacated by Plant Engineering. One of the principal benefits

of this relocation will be to allow the GI Lab Suite to be adjacent to an area dedicated to the outpatient preparation and recovery of patients for Diagnostic Imaging, Cardiology and GI services. This contiguous area will maximize space and combine clinical resources as well as create other synergies that will benefit patient flow and treatment.

In summary, the proposed renovation and relocation project will ensure quality patient care through improved access, more modern infrastructure and enhanced operational design. No new services are contemplated as a result of the project and no changes to TSH's existing license are required. In addition, no change in TSH's patient population or payer mix is expected to occur as a result of this proposal.